2017-2018 School Year Higher Education Student Health Plan (Pool) Rate Filing Checklist

## **Instructions:**

**For each item in Section I, you must provide a response in this document. For each item in Section II, you must provide the rate filing document name, and Section number, page number, or Exhibit number of the document that address the checklist item.**

## **Response Information:**

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| --- |
| **General Information** |
| Issuer Name: |  |
| Applicable Market: | Student Health Plans |
| Plan Year: | 2017-2018 school year |

## **Section I: Please provide a response for each item in Section I.**

1. Provide the following information for each plan. (You may add more rows if you have more plans.)

|  |  |  |  |
| --- | --- | --- | --- |
| Plan Name | New or Renewed | Actuarial Value per 45 CFR §147.145(b)(2) and §156.135 | State whether the plan will be issued to a specific college, multiple colleges (list the names of the colleges), or any college. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. For each renewal plan,breakout the overall percentage of rate impact by the percentage of rate impact due to the experience changes and the percentage of rate impact due to the benefit changes. If you are a new issuer to the market, indicate that all plans are new plans.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (a) | (b) | =[(1+(a))\*(1+(b))-1] |  |  |
| Renewal Plan Name | Experience Rate Change | Benefit Rate Change | Overall Average Rate Change | Average Enrollment per month during 2016-2017 School Year | Brief Description of Benefit Changes |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. For each renewal plan with a proposed overall average rate increase of 10% or greater, confirm that you have reviewed the “Rate Review Justification Instructions for Transitional and Student Health Plans” guidance issued by CMS/CCIIO on April 1, 2015. (See link: <http://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/RRJ-Instructions-Manual-20150401-Final.pdf>.) For all proposed rate increases that are 10% or greater, issuers must submit the Preliminary Justification to CMS on the same day that the issuer submits the rate filing to the state. Indicate “N/A” if you do not have any renewal plans with a proposed rate increase that is 10% or greater.

## **Section** II: For each item listed in this section, provide the rate filing document name, and Section number, page number, or Exhibit number of the document that addresses the item. For example: See Section III of the “Actuarial Memorandum” and Exhibit 5 of the “Supporting Documentation” file in the rate filing.

1. A description of benefit components (including copay, coinsurance, deductible and out-of-pocket maximum) used for the development of the Metal Plan and its Actuarial Value (AV). Name the file “Benefit Components.pdf.”
2. Applicable AV Calculator screenshot(s) in PDF format showing that each plan’s AV **is at least 60%,** as calculated in accordance with 45 CFR §156.135. For the 2018 AV Calculator and Methodology, see links:

<https://www.cms.gov/cciio/resources/regulations-and-guidance/index.html>

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-AVC-Methodology121616.pdf>

Note: per 45 CFR §156.135, if you do not have unique benefit design, you must certify that only AV Calculator is used to develop the AV. If you have unique benefit design, you must use 45 CFR §156.135(b) (2) **or** 45 CFR §156.135(b) (3) to certify the AV value for the plan:

1. Documentation and justification of per-member-rating and structure to comply with ‘school-specific group community rating’ as outlined in CMS-9972-F page 13424. The rate must be the same for each member (each person counts as one member in the family). Put a statement in the rate schedule that the premium is capped at three children under age 21 for a particular family (per Fair Health Insurance Premium rating requirements under section 2701 of the PHS Act and 45 CFR §147.102). If Undergraduates and Graduates have identical benefit designs and are issued under the same school policy, the rates must be the same.

(Note: Although HHS Notice of Benefit and Payment Parameters for 2017 states that a health insurance issuer that offers student health insurance coverage may establish one or more separate risk pools for an institution of higher education, if the distinction between or among groups of students (or dependents of students) who form the risk pool is based on a bona fide school-related classification and not based on a health factor (as described in 45 CFR §146.121), it does not change the 2013 final market rule as outlined in CMS-9972-F page 13424. Furthermore, Page 45 of the HHS Notice of Benefit and Payment Parameters for 2017 states: We note that nothing prevents a State from requiring broader risk pooling with respect to student health insurance coverage than provided for in this final rule (for example, requiring each student health insurance issuer to establish one risk pool comprised of its entire student health insurance book of business).

1. An illustrative example and rule to determine how your rates are applied (per month, per quarter, per semester, or per day). The rates applied must be equivalent to the same per member per month rate for any enrollee except that rates are charged to no more than the three oldest covered children under 21 for a family coverage.
2. For the portion of school year that is in 2017: Removal of all ACA fees per the Consolidated Appropriations Act of 2016, Division Q, Title II, § 201. Your rate development should not include any allowance of ACA fees. The Fee is part of administrative costs for health insurance plans. Because the Fee is not being collected for the 2017 fee year, administrative costs for plans in all impacted markets are expected to be adjusted appropriately to account for the moratorium.
3. One single actuarial certification per the requirements in 45 CFR §156.135 and WAC 284-58-033 (2).